

the course of evolution of sanitary administration, but now, when I hope that the old idea of sanitary work as being chiefly associated with plumbing and drain pipes is fast passing away, and that the true meaning of hygienic effort is beginning to be understood, I cannot understand the perpetuation of the office. There is an enormous field in which women can work, but their chief function should be a personal one, dealing with mothers and children, and I hold therefore that any such title as that of sanitary inspector militates against the value of their work. The less there is of an inspector about a woman the better, and in my own county I have ceased to give the health visitors any distinctive official badge on their uniform.

Dr. Lawrence objects to the title of lady health visitor, and I agree with him as far as the use of the word "lady" is concerned. This, I think, is certainly unnecessary and possibly objectionable, but with a very large experience of the use of the title of health visitor in every class of district, I have never observed the difficulties suggested by Dr. Lawrence—in fact, the one thing which has surprised and gratified me most is the testimony invariably received of the value of the work done from all classes of those among whom they visit.

There should be no mistake about one fact, namely, that the health visitor's certificate is given with the idea of showing that the recipient is better fitted for true health visitor's work than if she held only the sanitary inspector's certificate.

If Dr. Lawrence wants a woman to undertake the official work of the sanitary inspector, then by all means let him ask for evidence of training and certification in this work as well.—I am, etc.,

A. BOSTOCK HILL,
County Medical Officer of Health,
Warwickshire.
Birmingham, March 6th.

THE MEDICAL BRANCH OF THE NAVY LEAGUE.

SIR,—May I ask for the hospitality of your JOURNAL again to draw the attention of the profession to the Medical Branch of the Navy League?

The object is to enlist the interest of medical men throughout the country, and to ask their help by their example and influence in keeping the country alive to the necessity of a strong navy. Without the absolute command of the sea our freedom and our life-interests are in peril. Still less can we regard the imperial and colonial portions of the British Empire as secure. Twelve years ago we were able to transmit more than 100,000 troops and all the transport for an extensive campaign 6,000 miles to the base of our operations without the mobilization of a single extra warship, and this in the face of the scarcely veiled hostility of two if not three first-rate Powers. Such at that time was our naval prestige that the millions necessary for such mobilization were spared; would it be so to-day?

Each medical man has much influence in his own locality, and can do much by himself joining and inducing his friends to join in the league, which is a strictly non-political body, and has for its object the advocacy of a strong navy to safeguard that security which forms an essential background to all advance in commerce, science, and the social conditions of the people.

I would point out that to be a member of the league a 5s. annual subscription is all that is necessary; it is the influence and advocacy that is wanted much more than money.—I am, etc.,

R. DOUGLAS POWELL,
President of the Branch.
London, W., March 6th.

P.S.—All who desire to respond to this invitation to join should send their names to the Secretary, Medical Branch of the Navy League, 54, Welbeck Street, W.

TO INCREASE THE MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

SIR,—In your issue of February 18th, p. 405, Dr. Mears suggests that a whole-time man be employed to bring into the Association every member of the profession, and to do this suggests that the subscription be increased—so far, so good.

I have a suggestion to make, namely, that we form

sub-branches in every county and do not increase the subscription; these could be run on somewhat the same lines as our friends "the clergy" run their rural deaneries meetings. There are somewhere about forty medical men in this county and I am not aware of a medical society of any sort. I therefore think a sub-branch or a medical society would be a welcome innovation.

A great number of men give us their reasons for not joining the British Medical Association that they cannot afford time to attend the meetings, as in many cases it would oblige them to be a night from home; and really I think this argument holds good, especially in Wales.

Trusting my letter will bring forth the views of others, I am, etc.,

Y. M. JONES-HUMPHREYS.
Cemmaes, Montgomeryshire, Feb. 28th.

THE ORIGIN OF THE LONDON SCHOOL OF MEDICINE FOR WOMEN.

SIR,—As the question has been raised respecting Dr. Edmunds's supposed connexion with the London School of Medicine for Women, it may be well for me, as founder of the school, to say positively that he never had anything whatever to do with it; in point of fact I never saw him, nor had any communication with him, in my life. No doubt some classes of his were attended by Mrs. Thorne and Miss Chaplin, before they came to Edinburgh, but they had nothing to do with him subsequently, and in point of fact both of these ladies were, I think, in Paris when the first steps were taken about the London School. Miss Pechey was the only one of the Edinburgh students who was present with myself at the preliminary meeting on August 22nd, 1874, from which the school had its rise. When Mrs. Thorne returned from France, a few weeks later, she was amazed at the progress already made, and immediately gave me all the help in her power, but she never suggested that Dr. Edmunds should be consulted in any way. Miss Chaplin remained in France to complete her education, and took no part in the London movement.

The three medical men whose help and influence were absolutely vital to us at the time, and to whom the existence of the school was due, were Dr. Anstie, Dr. King Chambers, and Mr. A. T. Norton, and to them we all owe a debt of gratitude we can never express, though I have tried to record it in my book on *Medical Women*, where further details can be found.—I am, etc.,

Mark Cross, Sussex, March 4th. SOPHIA JEX-BLAKE, M.D.

CORONERS' LAW AND DEATH CERTIFICATION BILL.

SIR,—I quite agree with Dr. Ffennell that death verification and certificates of death should be paid for, either by the relatives or the State. The bill before Parliament, if passed as it now stands, would be putting upon the underpaid practitioner another burden and responsibility without remuneration. It is a disgrace that as the law now stands medical men are compelled to give a certificate of death without remuneration, while the registrar of deaths gets a fee of 2s. 6d. for a copy of a death certificate. I for one, with others, will do all we can to quash the present bill. One of the reasons I am replying to Dr. Ffennell's letter is this—that our association has already a bill before Parliament which has passed its first reading, and which was presented by Mr. George Greenwood and supported by Sir Walter Foster (now Lord Ilkeston), Mr. John Robertson, Mr. Smeaton, Dr. Rutherford, Mr. Hart-Davies, Dr. Shipman, and Mr. Athersley Jones.—I am, etc.,

J. BRINDLEY JAMES,
Examiner-in-Chief, Association for the Prevention
of Premature Burial.

THE VALUE OF DIPHTHERIA ANTITOXIN AS A PROPHYLACTIC AGENT.

SIR,—In my note in the JOURNAL of March 4th, p. 494, the number 2,000 units as a prophylactic should read 500 units. In my own cases I have always found this amount efficient. It is injected into the arm with an ordinary hypodermic syringe, and is thus no trouble, even